



Federal Update for February 9 - 13, 2015



President's FY 2016 Budget for Department of Veterans Affairs

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Care and Benefits for Veterans Strengthened by \$169 Billion VA Budget

WASHINGTON – The President has proposed a \$168.8 billion budget for the Department of Veterans Affairs (VA) in fiscal year 2016. The proposed budget will support VA goals to expand access to timely, high quality health care and benefits, continue the transformation of VA into a Veteran-centric department and end homelessness among Veterans.

“VA has before it one of the greatest opportunities in its history to enhance care for veterans and build a more efficient and effective system. This budget will allow us to continue important progress to better serve Veterans, their families and their survivors,” said Secretary of Veterans Affairs Robert A. McDonald. “We are listening to what Veterans, Congress, employees, Veterans Service Organizations (VSOs), and other stakeholders are telling us. We aspire to make VA a model agency that is held up as an example for other government agencies to follow with respect to customer experience, efficient and effective operations, and taxpayer stewardship.”

The budget includes \$73.5 billion in discretionary funding, largely for healthcare, and \$95.3 billion for mandatory benefit programs such as disability compensation and pensions. The \$73.5 billion total in discretionary spending, including over \$3.2 billion in medical care collections from health insurers and Veteran copayments, is \$5.2 billion and 7.5 percent above the 2015 enacted level. The budget also requests \$66.6 billion, including collections, for the 2017 advance appropriations for medical care, an increase of \$3.4 billion and 5.4 percent above the 2016 medical care budget request. As a first-time request for advance appropriations for 2017 for Compensation and Pensions, Readjustment Benefits, and Veterans Insurance and Indemnities, within our mandatory benefits programs in the Veteran's Benefits Administration, \$104 billion is requested for 2017.

“We remain committed to providing Veterans the opportunity to pursue their education, find meaningful employment and access high-quality health care and earned benefits,” Secretary McDonald added. “From the men and women of ‘the greatest generation’ to the Veterans who have returned from our most recent conflicts in Iraq and Afghanistan, every Veteran deserves to have a seamless, integrated, and responsive VA customer service experience every time.”

However, more resources will be required to ensure that VA can provide timely, high-quality health care into the future. VA is hearing directly from Veterans and their representatives that they would prefer to get their care in VA facilities from the medical professionals they know and with whom they have relationships. In the coming months, the Administration will submit legislation to allow the Department to reallocate a portion of unused funding from the Veterans Choice Program to support essential investments in VA system priorities in a fiscally responsible, budget-neutral manner. This flexibility will allow the Department to serve Veterans the way they want and deserve to be served.

VA operates one of the largest integrated health care systems in the country with approximately 9.4 million enrollees; the tenth largest life insurance program; monthly disability compensation, pensions and survivors benefits to more than 5.2 million beneficiaries; educational assistance or vocational rehabilitation benefits and services to 1.2 million students; mortgage guaranties to over 2 million homeowners; and the largest cemetery system in the nation.

Here are highlights from the President’s 2016 budget request for VA.

Health Care

With a medical care budget of \$63.2 billion, including collections, VA is positioned to serve approximately 9.4 million veteran patients enrolled to receive care in the fiscal year beginning Oct. 1. The enrollee total includes over 1.4 million Veterans who served in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn.

Major spending categories within the health care budget are:

- \$7.5 billion for mental health;
- \$2.8 billion for prosthetics;
- \$556 million for spinal cord injuries;
- \$232 million for traumatic brain injuries;
- \$243 million for readjustment counseling; and
- \$7.5 billion for long-term care.

Expanding Access

The President’s Budget would ensure that care and other benefits are available to Veterans when and where they need them. Among the programs that will expand access under the proposed budget are:

\$1.2 billion in telehealth funding, which helps patients monitor chronic health care conditions and increases access to care, especially in rural and remote locations;
\$446 million for health care services specifically designed for women, an increase of 8.3 percent over the present level;
\$598 million for the activation of new and enhanced health care facilities;
\$1.1 billion for major construction projects;
\$86.6 million for improved customer service applications for online self-service portals and call center agent-assisted inquiries; and
\$5.9 million to bring into full operation two new national cemeteries opening in 2015, and to activate one new national cemetery and one rural National Veterans Burial Ground in 2016.

Improving the Efficiency of Claims Processing

The President's Budget provides for full implementation of the Veterans Benefits Administration's (VBA) robust Transformation Plan -- a series of people, process, and technology initiatives -- in 2016. This plan will continue to systematically improve the quality and efficiency of claims processing and assist the Department in processing all disability compensation claims within 125 days.

Major claims transformation initiatives in the budget invest \$431 million to bring leading-edge technology to claims processing, including:

\$290 million (\$253 million in Information Technology and \$37 million in VBA) to support the electronic claims processing system -- the Veterans Benefits Management System (VBMS); and
\$141 million for Veterans Claims Intake Program (VCIP) to continue conversion of paper records, such as medical records, into electronic images and data in VBMS.

In addition, the President's Budget supports rightsizing VBA's workforce to address staffing needs so it can continue to improve the delivery of benefits to Veterans. As VBA continues to receive and complete more disability compensation rating claims, the volume of appeals, non-rating claims, and fiduciary field examinations correspondingly increases. The request for \$85 million for 770 additional full-time equivalent employees (FTE) will allow VBA to provide more timely actions on appeals and non-rating claims, and will ensure strong fiduciary oversight.

Eliminating Veterans Homelessness

The Administration has made the elimination of Veteran homelessness a national priority. The budget request targets \$1.4 billion for programs to prevent or reduce homelessness, including:
\$300 million for Supportive Services for Veteran Families (SSVF) to promote housing stability;
\$374 million for the HUD-VASH program wherein VA provides case management services for at-risk Veterans and their families and HUD provides permanent housing through its Housing Choice Voucher program; and
\$201 million in grant and per diem payments that support temporary housing provided by community-based organizations.

MyVA

In 2014, Secretary McDonald introduced the MyVA initiative, an effort to reorient the Department around the needs of Veterans and make VA a more customer-centric organization. This will ultimately be the largest department-wide transformation in VA's history and will measure success based on Veteran outcomes and satisfaction. The 2016 budget supports MyVA implementation, which will create a VA that is organized for success from the perspective of Veterans – combining functions, simplifying operations, and proving Veterans the care and services they have earned and deserve.

Veterans Choice Act

The Veterans Choice Act provided \$5 billion in mandatory funding to increase veterans' access to health care by hiring more physicians and staff and improving the VA's physical infrastructure. It also provided \$10 billion in mandatory funding through 2017 to establish a temporary program (the Veterans Choice Program) improving veterans' access to health care by allowing eligible veterans who meet certain wait-time or distance standards to use eligible health care providers outside of the VA system. The Veterans Choice Program may provide a measure of short-term relief from the pressure of escalating health care needs as current patients in the VA system elect to receive their care through the program. These investments, together with the 2016 Budget, will provide the authorities, funding, and other tools to enhance services to veterans in the short-term while strengthening the underlying VA system to better serve veterans in the future. However more resources in certain areas will be required to ensure that the VA system can provide timely, high-quality health care into the future. In the coming months, the Administration will submit legislation to allow the VA Secretary to best meet Veteran needs. This will allow the Secretary to make essential investments in VA system priorities in a fiscally-responsible, budget-neutral manner.

Other Key Services for Veterans

\$266 million to administer the VA-run system of 133 national cemeteries; \$4.1 billion for information technology (IT), including investments to modernize Veterans' electronic health records, improve Veterans' access to benefits, and IT infrastructure; and \$1.7 billion in construction, cemetery grants, and extended care grants to include nine VHA major construction projects and four gravesite expansion projects.

Department of Veterans Affairs Fact Sheet for FY16 VA Budget

The President's 2016 Budget is designed to bring middle class economics into the 21st Century. This Budget shows what we can do if we invest in America's future and commit to an economy that rewards hard work, generates rising incomes, and allows everyone to share in the prosperity of a growing America. It lays out a strategy to strengthen our middle class and help America's hard-working families get ahead in a time of relentless economic and technological change. And it makes the critical investments needed to accelerate and sustain economic growth in the long run, including in research, education, training, and infrastructure.

These proposals will help working families feel more secure with paychecks that go further, help American workers upgrade their skills so they can compete for higher-paying jobs, and help create the conditions for our businesses to keep generating good new jobs for our workers to fill, while also fulfilling our most basic responsibility to keep Americans safe. We will make these investments, and end the harmful spending cuts known as sequestration, by cutting inefficient spending and reforming our broken tax code to make sure everyone pays their fair share. We can do all this while also putting our Nation on a more sustainable fiscal path. The Budget achieves about \$1.8 trillion in deficit reduction, primarily from reforms to health programs, our tax code, and immigration.

The Department of Veterans Affairs (VA) has before it one of the greatest opportunities in its history to enhance care for veterans and build a more efficient and effective system. The Department is listening to what veterans, Congress, employees, Veterans Service Organizations (VSOs), and other stakeholders are telling us. We aspire to make VA a model agency that is held up as an example for other government agencies to follow with respect to customer experience, efficient and effective operations, and taxpayer stewardship.

VA is charged with fulfilling President Lincoln's promise to care for those *"who shall have borne the battle, and for"* their families and their survivors. To support this mission, the 2016 Budget provides \$70.2 billion in discretionary funding for VA, a 7.9 percent increase above the 2015 enacted level. In addition, the budget includes \$3.2 billion in estimated medical care collections, for a total discretionary budget authority of \$73.5 billion (which includes \$3.2 billion in Medical Care Collections), and \$95.3 billion for VA's mandatory benefit programs.

This funding level will provide the resources to fulfill VA's mission to provide timely, quality health care and services to veterans. It will allow VA to operate one of the largest integrated healthcare systems in the country, serving approximately 9.4 million veterans enrolled to receive care; a compensation benefits program for about 4.3 million veterans and 400,000 survivors, and a pension benefits program for 306,000 veterans and 216,000 survivors; the tenth largest life insurance provider, covering both active duty servicemembers and veterans; an education assistance program serving 1.2 million students; a home mortgage program with a portfolio of over 2 million active loans, guaranteed by VA; and a national cemetery system that leads the Nation as a high-performing organization projected to inter 129,200 veterans and their family members in 2016. Additionally, VA will be developing a legislative proposal to reallocate funding in order to ensure the continued improvements of VA operations and the timely access to care for Veterans.

The Veterans Choice Act provided \$5 billion in mandatory funding to increase veterans' access to health care by hiring more physicians and staff and improving the VA's physical infrastructure. It also provided \$10 billion in mandatory funding through 2017 to establish a temporary program (the Veterans Choice Program) improving veterans' access to health care by allowing eligible veterans who meet certain wait-time or distance standards to use health care providers outside of the VA system. The Veterans Choice Program may provide a measure

of short-term relief from the pressure of escalating health care needs as current patients in the VA system elect to receive their care through the program. These investments, together with the 2016 Budget, will provide the authorities, funding, and other tools to enhance services to veterans in the short-term while strengthening the underlying VA system to better serve veterans in the future. However more resources in certain areas will be required to ensure that the VA system can provide timely, high-quality health care into the future. In the coming months, the Administration will submit legislation to allow the VA Secretary to best meet Veteran needs. This will allow the Secretary to make essential investments in VA system priorities in a fiscally-responsible, budget-neutral manner.

Funding Highlights:

- The President's 2016 Budget requests \$70.2 billion in discretionary funding for the Department of Veterans Affairs (VA) to provide needed care and other benefits to eligible veterans, their families, and survivors. VA also received \$15 billion in the Veterans Access, Choice, and Accountability Act of 2014.
- The FY 2016 Budget invests in VA by:
 - Improving veterans' access to medical care by providing \$60.0 billion, in addition to requesting \$63.3 billion in 2017 advance appropriations;
 - Supporting improvements in veterans mental health care, telehealth care, lifesaving treatment for Hepatitis C, specialized care for women veterans, long-term care, and benefits for veterans' caregivers;
 - Providing \$1.4 billion for programs that will continue VA's gains toward ending veteran homelessness in 2015;
 - Strengthening veterans benefits programs by improving the timeliness of non-rating claims, reducing the inventory of veterans appeals, strengthening the fiduciary program, and further enhancing disability claims processing accuracy and efficiency through centralized mail and the national work queue.
 - Increasing burial access for veterans and eligible family members with the opening of new national cemeteries and a rural burial ground.

Reforms:

- Continues the largest Department-wide transformation in VA's history through MyVA, an effort to reorient the Department around the needs of veterans.

Sustains and Strengthens Services for Veterans and Their Families

Improves Veteran Access to Medical Care. The Budget provides \$60.0 billion for VA medical care, a 7.4 percent increase above the 2015 enacted level, to provide high-quality and timely health care services to veterans and other eligible beneficiaries. The Budget proposes \$63.3 4 billion in advance appropriations for the VA medical care program in 2017, a 5.5 percent increase above the 2016 request.

Protects Critical Funding for VA Medical Care. The 2016 Budget provides over \$7 billion to continue VA's focus on expanding and transforming mental health services for veterans to ensure accessible and patient-centered care, including treatment for Post-Traumatic Stress Disorder, ensuring timely access to mental healthcare, and treatment for Military Sexual Trauma. In addition, the Budget includes \$7.5 billion for veterans' long-term care; \$690 million for lifesaving treatment for veterans suffering from Hepatitis C, and \$555 million to support veterans' caregivers.

Ends Veteran Homelessness. Between 2010 and 2014, overall veteran homelessness dropped by 33 percent, and we have achieved a 42 percent decrease in unsheltered veteran homelessness. Through unprecedented partnerships with Federal and local partners, we have greatly increased access to permanent housing, a full range of health care including primary care, specialty care, and mental health care; employment; and benefits for homeless and at risk for homeless veterans and their families. As a result of these investments, in fiscal year 2014 alone, VA provided specialized homeless services to nearly 260,000 homeless or at-risk veterans. Nearly 72,000 veterans and their family members were placed in permanent housing or were prevented from becoming homeless. Despite the significant progress and important accomplishments, much work remains. The 2016 Budget requests \$1.4 billion for VA homeless-related programs, including case management support for the Department of Housing and Urban Development (HUD)-VA Supportive Housing program (HUD-VASH), the Grant and Per Diem Program, VA justice programs, and the Supportive Services for Veteran Families program. In addition to supporting all existing HUD-VASH vouchers, the 2016 Budget for HUD requests new Housing Choice Vouchers to support special populations, including homeless veterans, regardless of their discharge status. Overall, the 2016 Budget supports VA's commitment to ending veteran homelessness by emphasizing rescue for those who are homeless today, and prevention for those at risk of homelessness.

Advances Medical and Prosthetic Research. The 2016 Budget includes \$622 million for development of innovative and cutting-edge medical research for veterans, their families, and the Nation. One example includes continuing the Million Veteran Program (MVP), a groundbreaking genomic medicine program, in which VA seeks to collect genetic samples and general health information from one million Veterans in the next five years. MVP will help provide answers to many pressing medical questions and lead to improvements in care and prevention to veterans and the Nation. The Budget also includes funding for a new strategic initiative toward building a learning health care system that is responsive to new information, adapts to implement more effective clinical practices, and is committed to an ongoing mission of excellence, supported by a culture of self-reflection and continuing education. In addition to

the direct appropriation, medical research will be supported through an additional \$1.2 billion from VA's medical care program and grants. As part of one of the largest integrated health systems in the United States, VA's research program benefits from clinical care and research occurring together, allowing research to be directly coordinated with veterans' care. 5

Strengthens Veterans Benefits Programs. Improving quality and reducing the length of time it takes to process disability compensation claims are integral to VA's mission of providing the care and benefits that veterans have earned and deserve in a timely, accurate, and compassionate manner. VA has decreased the disability claims backlog by more than 58 percent, since its peak in March 2013, and is on track to meet the President's goal to eliminate the claims backlog and provide all veterans with quality decisions on their claims within 125 days by the end of 2015. In addition, the Budget requests an increase of \$85 million for 770 new staff to improve the timeliness of non-rating claims, reduce the inventory of appeals, and strengthen the fiduciary program. The 2016 Budget also supports continuation and expansion of these efforts through the Centralized Mail and the National Work Queue (NWQ) initiatives -- new approaches to increase the accuracy and efficiency of claims processing. The Centralized Mail initiative expands VA's capabilities for scanning and conversion of claims evidence, increases electronic processing capabilities, and assists in converting 100 percent of received source materials to electronic format. In addition, with all claims placed in the electronic NWQ, Veterans' claims will be automatically directed across all ROs to efficiently match claim demand with available expertise and processing capacity regardless of RO jurisdiction, delivering benefits to Veterans more quickly and accurately.

Provides Lasting Memorial Services and Increases Burial Access. The 2016 Budget includes \$266.2 million for the National Cemetery Administration (NCA) for cemetery operations and maintenance, to uphold VA cemeteries as National Shrines, and to increase burial access for veterans and eligible family members. The budget supports the activation of two new national cemeteries opening in 2015 at Cape Canaveral and at Tallahassee, Florida and activation of a third new national cemetery in 2016 at Omaha, Nebraska. NCA anticipates conducting 129,200 interments of veterans and their family members, along with maintaining and providing perpetual care for approximately 3.6 million gravesites. NCA will also maintain 9,120 developed acres and process approximately 360,500 headstone and marker applications.

Transforms VA through MyVA. In 2014, Secretary McDonald introduced the MyVA initiative, an effort to reorient the Department around the needs of veterans. VA is consulting private sector experts and is building performance improvement teams to enhance productivity, efficiency and customer-focused outcomes for our Nation's veterans. This initiative will encompass programmatic and policy changes, the potential for new programs, as well as cost-neutral initiatives designed to make VA a more customer-centric organization. This will ultimately be the largest department-wide transformation in VA's history and will measure success based on veteran outcomes and satisfaction.

VA Accountability Update ► Care Data withheld on Cost and Quality

Members of a House subcommittee lashed out at the Department of Veterans Affairs on 28 JAN for withholding information they and budget researchers say is crucial to overseeing the VA's ailing health care system and said they are considering legislation that will force department to release data. At a hearing to discuss the cost and quality of VA health care, an official with the Congressional Budget Office, which provides independent analysis for Congress, said the VA refused to provide his office basic information about their health care for a report released in December comparing the VA medical system to the private sector. "Additional data, particularly if it was provided on a regular and systematic basis, could help inform policymakers about the efficiency and cost-effectiveness of VHA's services," said Matthew Goldberg, the Congressional Budget Office deputy assistant director for national security.

The hearing of the House Committee on Veterans Affairs Subcommittee on Health was held to discuss the cost and quality of VA care in comparison to the private sector, but much of it focused on the lack of data from the VA that Goldberg said made an already difficult comparison impossible. The report was commissioned in part to give lawmakers and VA officials a better idea of how to reform the VA in the wake of a national veterans' health care scandal. Similar reports are done on Tricare, the Department of Defense's health care program, but Goldberg said VA would not release similar patient and care information that the DOD provides, even with sensitive patient data redacted.

Goldberg's statement prompted some congressmen to question the VA's commitment to reform, and floated the idea of legislation forcing the department to release certain data. "Unfortunately, it became painfully apparent to me last year that the Veterans Health Administration, which operates the VA health care system, was either unable or unwilling to provide basic information about the services it provides," said Rep. Dan Benishek (R-MI). "VA's lack of transparency is echoed in the disappointing testimony — absent substance or detail — that VA provided for this morning's hearing." Dr. James Tuchschildt, the VA's acting deputy undersecretary for health, said he would work with Congress on releasing additional data, though he did not specify what the VA would release. "You have my commitment today to sit down with my staff and figure out what kind of data you need," he said.

The department has been under fire since revelations last summer that some VA medical centers had created secret patient wait-lists to make it appear veterans were getting care faster than they were. The scandal cost former VA Secretary Eric Shinseki his job and his replacement, Bob McDonald, who promised top-to-bottom reform at the department, has been getting increasing criticism from lawmakers. "The new secretary is not changing the culture as far as I can see," Rep. Mike Coffman (R-CO), said at the hearing. In response to Stars and Stripes' questions, VA officials would not say why the department withheld the data nor whether it plans to release the information to Congress and the budget office in the future. "An open and honest working relationship with our Committee partners is vital for the improvement of VA

care and services for our veterans,” VA spokeswoman Walinda West said. “We welcome constructive criticism and continually seek opportunities to directly discuss positive ways to improve our systems and organization.” [Source: Stars and Stripes | Heath Druzin | Jan. 28, 2015 ++]

VA Appeals Backlog Update ► Wait Times Average 1,937 Days

At a 22 JAN congressional hearing, The American Legion noted that decisions on about 288,000 veterans’ benefits claims have been appealed. “With appealed claims, you can no longer think in terms of how many days you’ve been waiting,” the Legion stated in its written testimony. “Appealed claims are measured in terms of how many years the veteran has been waiting.” Zachary Hearn, deputy director of benefits for the Legion’s Veterans Affairs & Rehabilitation Division, amplified the Legion’s views while testifying before the House Veterans Affairs Subcommittee on Disability Assistance and Memorial Affairs. The hearing focused on the Department of Veterans Affairs’ appeals system for veterans’ claims. Veterans who have appealed their disability claims wait an average of 1,937 days for final decisions, according to numbers listed in VA’s Monday Morning Workload Report of 5 JAN. That time span is about 500 days longer than a standard four-year enlistment in the military.

Hearn told the committee that nearly 75 percent of claims presented at Board of Veterans’ Appeals (BVA) have either been improperly denied at a VA regional office, or inadequately developed and denied prematurely. Many claims were also appealed because their claims adjudicators failed to follow their legally mandated duties to assist veterans. In reviewing claims appeals, The American Legion often notes that VA claims adjudicators do not consider secondary medical conditions that have been caused or aggravated by previous service-connected conditions. If VA workers were compelled to consider those conditions, Hearn said, many remands for medical examinations would be eliminated. But such additional consideration is time consuming. “While VA asserts it does not place a higher priority on the amount of claims adjudicated,” Hearn said, “its current work-credit structure does not address accuracy in its metric, which rewards speed over quality.”

The American Legion represented more than 9,100 veterans at the BVA between October 2013 and last September. About three-fourths of those claims were either granted outright to the veteran (28.1 percent) or sent back to regional offices because of improper work (46.4 percent). Once a BVA judge remands a claim, instructions are forwarded to VA’s Appeals Management Center for further development. Hearn said these remands, or returned claims, come with clear and distinct instructions from the judges, yet The American Legion consistently sees cases remanded multiple times, despite the instructions. “This is what is known as the ‘hamster wheel’ of remands, where a veteran remains in adjudication purgatory, waiting for VA to conduct proper development and finally render a decision,” Hearn said. “The greatest impact on the appeals process would be eliminating the need to appeal in the first place.”

While VA has published accuracy rates above 90 percent for claims processing, the Government Accountability Office reported last November that the Veterans Benefits Administration “does not follow accepted statistical practices and thus generates imprecise accuracy data.” “This is what veterans face: An adjudication process that rewards the quick and not the accurate, an appellate process that repeatedly notes errors in development, and adjudication that may cause years of hardship for our nation’s veterans,” Hearn said. VA needs to eliminate its current work-credit structure, Hearn said, because it places greater emphasis on the quantity of claims adjudicated, rather than the quality of those adjudications. [Source: American Legion | Marty Callaghan | Jan. 22, 2015 ++]

VA Appeals Backlog Update ► VA Officials Say Problem Not Major

Lawmakers still are worried about the growing backlog of appealed benefits cases at the Veterans Affairs Department — but VA officials still don't think it's a major problem. Members of the House Veterans' Affairs Committee renewed their questions about VA's benefits system and growing appeals workload 22 JAN, saying they are disturbed by reports that show an average wait of more than 3.5 years for appeals to be completed. The number of benefits cases awaiting appeal decisions has jumped about 10 percent in the last year, alarming lawmakers and outside advocates. VA planners have focused mainly on the backlog of first time benefits requests in recent years, after that backlog grew to more than 610,000 cases in 2013 and became a national scandal. That total now sits at around 250,000 cases, but despite the dramatic drop, VA promises of reaching zero by the end of 2015 appear out of reach.

Department officials said 22 JAN that more work needs to be done to streamline the appeals process as well, but pushed back against narratives that the appeals system is getting worse. Beth McCoy, deputy undersecretary for field operations at the Veterans Benefits Administration, said that while the number of pending appeals cases has grown steadily, that's a function of the rising total of veterans claims, not an overwhelmed system. She said the rate of claims appeals of claims has remained steady in recent years, as has the rate of new awards for appealed cases. And she noted that more than 70 percent of veterans who appeal a benefits case are already receiving some payout from the department.

Rep. Ralph Abraham (R-LA), chair of the House Veterans' Affairs Committee's disability assistance panel, said reports of veterans waiting up to a decade for a final decision on their appeals are “alarming and unacceptable” and risk causing veterans to lose faith in the system. “These claims need to be adjudicated ...and the system needs to be thorough, swift and fair,” he said. VA leaders have said they plan to look at significant changes to the appeals process as the first-time claims problem is resolved. Lawmakers have promised extra oversight into all facets of VA operations in light of the departments dramatic funding increases in recent budgets and last year's patient wait times scandal. [Source: MilitaryTimes | Leo Shane | Jan. 22, 2015 ++]

VA Whistleblowers Update ► 24+ Receive Retaliation Relief

The Veterans Affairs Department said 20 JAN it is offering relief to more than two dozen employees who faced retaliation after filing whistleblower complaints about wrongdoing at VA hospitals and clinics nationwide. The actions follow settlements reached last year with three employees who reported widespread problems at the Phoenix VA hospital, including chronic delays for veterans seeking care and falsified waiting lists covering up the delays. The latest actions offer relief to about 25 VA employees, including a doctor who was reprimanded and retired after reporting significant errors at a Maryland clinic, and a nurse manager in Washington state who was fired after refusing to alter a performance evaluation for a subordinate. The doctor will have a negative appraisal removed and the nurse manager will keep her job while an investigation continues.

Special Counsel Carolyn Lerner applauded the VA for taking steps to protect employees who file whistleblower complaints. Lerner's office, which is independent from any government agency, is investigating more than 120 complaints of retaliation at the VA following employee allegations about improper patient scheduling, understaffing and other problems at the VA's 970 hospitals and clinics nationwide. VA Secretary Robert McDonald, who took over the agency last summer, has vowed to root out retaliation as the agency seeks to change a culture that he and other officials acknowledge has allowed and even encouraged reprisals against those who file complaints. "Secretary McDonald has taken whistleblowing within the VA seriously," Lerner said in a statement Tuesday. "He recognizes that an essential step toward improving veterans' care is to listen to employee concerns and protect them from retaliation."

Deputy VA Secretary Sloan Gibson said the department is committed to holding accountable those who retaliate against whistleblowers. Employees who blow the whistle on higher-ups because they have identified a legitimate problem "should not be punished" but instead should be protected, Gibson said, citing a similar comment last year by President Barack Obama. "Personally, I would add that you should be praised," Gibson said. Among those who settled complaints in recent weeks were Dr. Richard Hill, a primary care physician at Fort Detrick Army Base in Frederick, Maryland, and Coleen Elmers, a nurse manager at the VA hospital in Spokane, Washington.

- Hill complained about a lack of clerical staff at his primary care unit, which he said led to significant errors in patient care and scheduling problems. Instead of fixing the problem, VA reprimanded Hill last May. He retired two months later. As part of the settlement, the VA agreed to expunge Hill's record of any negative personnel actions.
- Elmers filed a complaint last year with the VA's Office of Inspector General about a fraudulently altered performance evaluation of one of her subordinates, which Elmers had refused to change. A supervisor later moved to fire Elmers for "lack of candor" and failure to follow instructions. The U.S. Merit Systems Protection Board, a quasi-judicial

agency that hears appeals of executive branch actions, granted the special counsel's request to put off the firing until the counsel's office completes an investigation.

- The VA agreed to reverse a decision to fire Mark Tello, a nursing assistant at a VA hospital in Saginaw, Michigan, who reported improper staffing that he said could result in serious patient care lapses. The VA agreed to place Tello in a new job and award him undisclosed back pay.
- The VA agreed to find a new job for Rachael Hogan, a registered nurse at a VA hospital in Syracuse, New York, who disclosed to a superior a patient's rape accusation against a VA employee. When the official delayed reporting the accusations to police, Hogan warned the manager about the risks of failing to file a timely report. VA managers had threatened to fire Hogan. Under the settlement, the VA agreed to place her in a new job under a different supervisor. The Syracuse facility also will pay for whistleblower-protection training for managers at the site. [Source: The Associated Press | Matthew Daly|Jan. 15, 2015 ++]

Desert Storm Memorial Update ► Inching Closer to Becoming a Reality

A memorial dedicated to those who served in the Persian Gulf War is inching closer to becoming a reality. The National Desert Storm War Memorial (NDSWM) was approved by Congress in December, and it now goes to the National Park Service for the process of selecting a site. "This was a very important, pivotal point in our history, and there were several hundred folks who didn't come back, and they deserve to be remembered," said Scott Stump, chief executive officer of the National Desert Storm Memorial Association.

Stump, who served as a Marine infantryman in Saudi Arabia during the war, has led the effort to create and build the memorial, which began as an idea that came up while he was on the phone with a fellow Marine and Desert Storm veteran about four years ago, just before the 20th anniversary of the war. Stump, who has volunteered during Honor Flights, which bring World War II veterans to see their memorial, said he hopes his fellow veterans won't have to wait that long for their memorial. The World War II memorial in Washington, D.C., opened to the public in 2004, nearly 60 years after the war ended. "I love everything about that memorial, but if there's one thing I hate, it's that they waited too long," Stump said. The journey to receiving Congressional approval for the Desert Storm memorial has been long and difficult, he said. "I almost gave up, but this is too important to quit," he said. "I realize what a tremendous victory it is just getting to this point, but there's also a lot of work left to do. There are a lot of people who didn't come home. We owe it to them."

The memorial also is meant to honor the 30-plus countries who participated in the war alongside the United States, Stump said. "This memorial isn't just about us, but the 33 countries ... that came together and got this done," he said. The U.S. launched Operation Desert Shield after Saddam Hussein invaded Kuwait in August 1990 and deployed more than 120,000 Iraqi

troops into the tiny Gulf state within three days. U.S. troops took up defensive positions in Saudi Arabia under Operation Desert Shield, and the pressure mounted when Hussein showed no signs of withdrawing. On Jan. 17, 1991, the five-month buildup became Operation Desert Storm as allied aircraft attacked Iraqi bases and Baghdad government facilities. The six-week aerial campaign climaxed with a massive ground offensive Feb. 24-28, routing the Iraqis from Kuwait in 100 hours before U.S. officials called a halt. Almost 300 U.S. troops died while serving in Operations Desert Shield and Desert Storm; 147 of those were battle deaths. Another 467 troops were wounded in action.

Stump said he has heard from some who don't think Operation Desert Storm deserves to be memorialized. "People have said, 'why would you need a memorial for a 36-hour skirmish?'" he said. "Really? Tell that to the people who were there. Myself, as an infantryman, we were prepared for an absolute bloodbath." Stump credited the military's leaders at the time – many of them Vietnam War veterans determined not to repeat history – for the success of the war and how quickly it ended. "I think it's absurd to judge the relevancy of any war based on casualties," he said. Operation Desert Storm also was a turning point in America's relationship with its military, Stump said. "That was when America was back," he said. "We knew our military could come through and get the job done. We were able to heal a country from the open wounds of Vietnam and set the stage for the way our troops are treated today."

To design the memorial, the association solicited feedback from hundreds of Desert Storm veterans and their families over a three-month period, Stump said. Based on that feedback, the memorial's proposed design incorporates two key elements: the sweeping left hook attack into southern Iraq and the 34-country coalition, he said. The left hook maneuver, which makes the memorial resemble a seashell, "was the maneuver that broke it all open" during the ground war, Stump said. Now that the Desert Storm memorial has been approved, Stump and his team are turning their attention to fundraising. The memorial association is behind on its fundraising efforts because it wanted to ensure the memorial would be approved first, Stump said. Most of the money that's been poured into this effort so far has been paid for out-of-pocket by Stump and his team. "This was a grassroots deal," Stump said.

The National Desert Storm and Desert Shield War Memorial Act authorizes the memorial association to establish "a commemorative work on federal land in the District of Columbia to commemorate and honor the members of the armed forces that served on active duty" during that war, but it prohibits the use of federal money to pay for the memorial. Stump said the memorial association needs \$50,000 to \$100,000 to start, as "seed money" to get the ball rolling on the memorial. Any money raised will "help directly with the design process, site selection" and other expenses, Stump said. In all, Stump said it could take as much as \$30 million to complete the memorial. The goal is to break ground on the eventual memorial site in early 2016, to coincide with the 25th anniversary of Operation Desert Storm.

In addition to raising money, the memorial association also is working with federal authorities to determine where the memorial will be built. The goal is to have it on or near the D.C.'s

National Mall, but it's too early to know where it will end up, Stump said. One obstacle to building on the National Mall is a moratorium prohibiting new or unapproved memorials, he said. As he prepares to move forward with the memorial, Stump said he hopes the nation will rally around it. "I really hope this is something really important for our country," he said. "I hope people haven't forgotten about it or minimized it. This helps tell the story of the sacrifices that were made to make our country what it is today." For more information on the Association or to donate refer to <http://www.nationaldesertstormwarmemorial.org/>. [Source: ArmyTimes | Michelle Tan | Jan. 21, 2015 ++]

The Military Coalition Update ► Policy Priorities for 114th Congress

For veterans advocates, 2014 was a year of scandals and crises at the Veterans Affairs Department. Now, those outside groups want 2015 to be a year of fixing all the other pressing problems that have been ignored. On 15 JAN, the four leading veterans groups behind the annual "independent VA budget" released their policy priorities for the new congressional session, a 124-page document that covers a host of coming problems for the community and existing headaches they have been lamenting for years. "We've argued for a while that the department has been underfunded," said Carl Blake, associate executive director for Paralyzed Veterans of America. "We're seeing these problems compound over time. The dollars are just not growing at the same rate as the demand."

The coalition's top priorities include fixing VA's wait time problems, eliminating its benefit claims backlog, addressing growing VA infrastructure problems, expanding caregiver programs to veterans of all eras, and making sure female veterans have adequate health care and support services. They are ambitious goals, but not new complaints from the veterans community. Coalition members are hoping that the new emphasis can help capitalize on congressional momentum from last year, when VA's wait times scandals not only drew lawmakers' attention but prompted legislative action as well. Last spring, revelations that veterans were facing lengthy delays to get medical appointments led to investigations into records manipulation by VA supervisors and eventually the resignation of former VA Secretary Eric Shinseki.

Lawmakers responded with more than \$16 billion in funding for new private care options for veterans and new appointment space for VA physicians. Blake said advocates have been watching VA's response warily, acknowledging improvements but also seeing reasons for concern about the slow pace of change. "We wouldn't be so naive to say VA has already fixed the problem," he said. Coalition officials want more funding for staff hiring and appointment space, and for lawmakers to ensure that problem employees are held accountable, to ensure similar problems won't resurface.

Joe Violante, national legislative director for Disabled American Veterans, said coalition officials also are concerned with the lingering claims backlog problems, and whether VA will be able to

meet its stated goal of zeroing out the overdue cases by the end of 2015. He also said advocates will push lawmakers to keep a close eye on VA's claims appeals, which have grown steadily in recent years. Construction projects have made headlines recently because of dramatic cost overruns and missed completion deadlines, but the new recommendations also point to an aging infrastructure for the department that may need as much as \$55 billion in new funding to adequately catch up to system demand. Coalition members said they hope the policy recommendations are not only a challenge to lawmakers already conducting VA oversight but also an education tool for members of Congress who have not closely followed veterans issues in the past. The veterans coalition — which includes Veterans of Foreign Wars and Amvets along with PVA and DAV — will release specific budget recommendations next month, at the same time that the White House's fiscal 2016 budget proposal is unveiled. [Source: MilitaryTimes | Leo Shane | Jan. 16, 2015 ++]

114th Congress Update ► Will be a Busy Next Few Months

The 114th Congress is now in office, and secretary of defense nominee Ashton Carter awaits confirmation. Many observers in the press are speculating what this turnover in congressional and Pentagon leadership means for the military community. Carter is known within Pentagon circles as a reformer on acquisition costs, while incoming Armed Services Committee Chairs Sen. John McCain (R-Ariz.) and Rep. Mac Thornberry (R-TX) also have signaled plans to tackle acquisition reform. But acquisition will not be the only item these three will face. There are several issues over the coming months that will drive the discussion.

- By 1 FEB, the Military Compensation and Retirement Modernization Commission (MCRMC) will issue its anticipated report detailing proposals to overhaul military compensation and personnel programs.
- At the same time, the White House will release its FY 2016 budget request. The request must grapple with the budget caps established by sequestration that return in full force Oct. 1.

Somehow Congress will need to address the conflict between the budget submission, which is expected to exceed sequestration's limits, and the caps established by the law. Can Congress find cost-saving reforms in time? Acquisition reform can take years to yield savings.

Sequestration's budget rules limit where money can be cut to the point where Congress has forced itself to make the false choice between people programs or weapon systems. But infrastructure and weapons programs are political hot buttons that often generate "not in my backyard" cries from legislators. What's the quickest way to show savings in the accounting books? Draw down troop levels and shift personnel costs onto the backs of servicemembers and their families.

The next few months will include a flood of activity for the new secretary of defense, Congress, and MOAA, with political posturing and the formulation of defense bills. The question is whether the MCRMC recommendations will affect the FY 2016 defense bill process. The first year of a new Congress provides greater opportunity to implement sweeping reforms.

Legislators arrive in Washington emboldened by a sense of popular mandate in their first year, without the fear of an upcoming election. It's unlikely any MCRMC recommendations will be included in the White House budget submission, as budget planners have been working for months on the FY 2016 proposal. However, this won't stop members of Congress from trying to include them in the defense bill markup process, especially if the proposals come with a blessing from Pentagon leadership.

That endorsement might come quickly. The Military Times already has reported Pentagon leaders plan to take a month to review the MCRMC recommendations and finalize a position for the new secretary — all in advance of the markup timelines. MOAA's biggest concern is that the new Congress will look at the Pentagon and the MCRMC proposals with the purpose of saving money or cutting the budget and will make decisions based on arbitrary budget caps, without considering how compensation and benefits are necessary to recruit and retain a high-quality all-volunteer force. The bottom line: The next few months will be very busy, and all hands on deck will be needed to make sure their voice on the pay and benefits needed to sustain the all-volunteer force is heard by legislators. Also, that shortsighted budget savings don't come at the expense of the health of the all-volunteer force. [Source: MOAA Leg Up | Mike Hayden | Jan. 13, 2015 ++]

Gold Star Father Act ► S.136 Would Provide Federal Hiring Preference

U.S. Sens. Sherrod Brown (D-OH) and Ron Wyden (D-OR) have reintroduced legislation that would expand federal hiring preferences to include fathers of service members who have been killed in action or permanently and totally disabled. The Gold Star Fathers Act of 2014 passed the Senate by unanimous consent in September of 2014, but "House inaction killed the bill," Brown said. "When a service-member is killed in action or permanently and totally disabled, the government should do its part to be there for grieving parents—no matter if they're fathers or mothers," Brown said. "The Senate passed this legislation last year by unanimous consent but the House failed to act. It's time we honor the sacrifice of Gold Star fathers by passing this legislation and ensuring that fathers receive the same preferences as mothers and spouses."

Brown's legislation is the result of efforts by Canton resident and Gold Star father, Scott Warner. Warner's son, Heath, was killed in action in Iraq in November of 2006 during his deployment as a U.S. Marine. Following the death of his son, Warner became involved with a local Gold Star family support group. At a community meeting in Canton, Warner presented his experiences to a representative from Brown's office.

Currently, Gold Star mothers and unmarried widows and widowers receive a ten point hiring preference for federal employment, similar to the federal hiring preferences given to veterans. The Gold Star Fathers Act of 2015 amends federal code to provide fathers of deceased or permanently and totally disabled service members with the same hiring preferences as mothers, widows, and widowers.

In July of 2014, Brown joined Warner and Jon Reiss, the Executive Director of the Cuyahoga County Veterans Service Commission at the Soldiers' and Sailors' Monument in Cleveland to call attention to the legislation and urge Congress to move swiftly toward passing the bill. The bill would amend chapter 21 of title 5, United States Code, to provide that fathers of certain permanently disabled or deceased veterans shall be included with mothers of such veterans as preference eligible for treatment in the civil service. [Source: The Portsmouth Daily Times, Ohio | Frank Lewis | Jan. 15, 2015++]

PTSD Update ► Therapy Dog Training Bill H.R.359

Rep. Steve Stivers (R-OH) has introduced legislation that would establish a dog training program for veterans with post-traumatic stress. Stivers said the program would help veterans who are dealing with psychological disorders from experiences in combat. "As a nation, we share a moral obligation to care for our veterans when they return home and to provide them with meaningful therapies to help them deal with any service related issues they may have — whether physical or mental," Stivers said in a statement. "I have personally met veterans whose lives have been dramatically improved through working with a service dog," Stivers added. The legislation would establish a pilot program at up to five medical facilities run by the Department of Veterans Affairs, which would coordinate with local therapy dog training organizations. The therapy dogs would ultimately be partnered with veterans who have physical disabilities upon completion of training. [Source: The Hill | Cristina Marcos | Jan. 15, 2015 ++]

VA Appeals Backlog ► Titus Bill Would Create Task Force

A bill re-introduced 22 JAN by Rep. Dina Titus is the latest bid by Congress to get its arm around the handling of disability benefits for military veterans. The Titus measure would create a task force to recommend how the Department of Veterans Affairs and Congress can improve how the VA manages appeals of rejected claims "so veterans receive accurate decisions in a timely fashion." More than 300,000 appeals are pending, including about 1,400 from Nevada veterans, Titus said in a statement with the legislation. Nationally, the average length of time to receive a decision on an appeal is 1,255 days — nearly 3½ years, she said. A push by the VA to reduce a backlog of initial benefit applications has just created a chokepoint further down the line. Titus, who sits on the House Committee on Veterans Affairs, said trading a claims backlog for an appeals backlog was like "trading a devil for a witch."

Benefit claims by veterans in Nevada are processed by the regional VA office in Reno, which has a reputation as one of the poorer-performing outposts in the agency. In 2013, the office was so overwhelmed with disability claims that it sent half of them to out-of-state VA offices for decisions. Sen. Dean Heller (RNV), who sits on the Senate committee that oversees veterans programs, said fixing the claims process will be a priority this year. Nevada is home to roughly 300,000 veterans. “I believe the disability claims backlog is one of the most pressing issues our veterans are facing,” Heller said at a committee meeting 21 JAN. Heller and Sen. Bob Casey (D-PA) formed a “VA claims backlog working group” among senators in the last Congress. They produced a bill containing a series of reforms to streamline the claims process. Heller said some of the suggestions were implemented by the VA or passed by Congress in some form last year. Senate aides said Heller and Casey are preparing to introduce an updated bill. [Source: Stephens Washington Bureau | Steve Tetreault | Jan. 22, 2015 ++]

The Following is a Summary of Veteran Related Legislation Introduced in the House and Senate since the Last Bulletin was Published

- H.R.182: VA Veteran Enrollment Reporting. To direct the Secretary of Veterans Affairs to permit the centralized reporting of veteran enrollment by certain groups, districts, and consortiums of educational institutions. Sponsor: Rep Calvert, Ken [CA-42] (introduced 1/7/2015)
- H.R.215: Defending Veterans from Sequestration Act of 2015. A bill to amend the Balanced Budget and Emergency Deficit Control Act of 1985 to clarify the treatment of administrative expenses of the Department of Veterans Affairs during sequestration. Sponsor: Rep Brown, Corrine [FL-5] (introduced 1/8/2015)
- H.R.288: VA Beneficiary Travel Program. A bill to amend title 38, United States Code, to provide for coverage under the beneficiary travel program of the Department of Veterans Affairs of certain disabled veterans for travel for certain special disabilities rehabilitation, and for other purposes. Sponsor: Rep Brownley, Julia [CA-26] (introduced 1/13/2015) Related Bills: S.171
- H.R.294: VA Non-Department Foster Home Program. A bill to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to enter into contracts and agreements for the transfer of veterans to non-Department medical foster homes for certain veterans who are unable to live independently. Sponsor: Rep Miller, Jeff [FL-1] (introduced 1/13/2015)
- H.R.303: Retired Pay Restoration Act. A bill to amend title 10, United States Code, to permit additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or combat-related special compensation. Sponsor: Rep Bilirakis, Gus M. [FL-12] (introduced 1/13/2015)

- H.R.313: Federal Employee Disabled Vet Leave Policy. A bill to amend title 5, United States Code, to provide leave to any new Federal employee who is a veteran with a service-connected disability rated at 30 percent or more for purposes of undergoing medical treatment for such disability, and for other purposes. Sponsor: Rep Lynch, Stephen F. [MA-8] (introduced 1/13/2015)
- H.R.315: Philippine Vet Benefit Policy. A bill to require the Secretary of Defense to establish a process to determine whether individuals claiming certain service in the Philippines during World War II are eligible for certain benefits despite not being on the Missouri List, and for other purposes. Sponsor: Rep Meng, Grace [NY-6] (introduced 1/13/2015)
- H.R.333: Disabled Veterans Tax Termination Act. A bill to amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50 percent to receive concurrent payment of both retired pay and veterans' disability compensation, to extend eligibility for concurrent receipt to chapter 61 disability retirees with less than 20 years of service, and for other purposes. Sponsor: Rep Bishop, Sanford D., Jr. [GA-2] (introduced 1/13/2015)
- H.R.342: Commissary/Exchange Eligibility Extension. A bill to amend title 10, United States Code, to extend military commissary and exchange store privileges, without time-period limitation, to members of the Armed Forces who are involuntarily separated with a service-connected disability and also to extend such privileges to their dependents. Sponsor: Rep Denham, Jeff [CA-10] (introduced 1/14/2015)
- H.R.344: Vet Manufacturing Position Employment Pilot Program. A bill to provide for the establishment of a pilot program to encourage the employment of veterans in manufacturing positions. Sponsor: Rep DelBene, Suzan K. [WA-1] (introduced 1/14/2015)
- H.R.353: Veterans' Access to Hearing Health Act of 2015. A bill to amend title 38, United States Code, to include licensed hearing aid specialists as eligible for appointment in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes. Sponsor: Rep Duffy, Sean P. [WI-7] (introduced 1/14/2015)
- H.R.356: VA VOC REHAB Action Plan. A bill to direct the Secretary of Veterans Affairs to develop and publish an action plan for improving the vocational rehabilitation services and assistance provided by the Department of Veterans Affairs. Sponsor: Rep Maloney, Sean Patrick [NY-18] (introduced 1/14/2015)
- H.R.359: Therapy Dog Training VA Pilot Program. A bill to direct the Secretary of Veterans Affairs to carry out a pilot program on dog training therapy. Sponsor: Rep Stivers, Steve [OH-15] (introduced 1/14/2015)
- H.R.366: VOW to Hire Heroes Act of 2011. To reauthorize the VOW to Hire Heroes Act of 2011, to provide assistance to small businesses owned by veterans, to improve enforcement of employment and reemployment rights of members of the uniformed services, and for other purposes. Sponsor: Rep Cohen, Steve [TN-9] (introduced 1/14/2015)

- H.R.421: Classified Veterans Access to Care Act. A bill to amend title 38, United States Code, to improve the mental health treatment provided by the Secretary of Veterans Affairs to veterans who served in classified missions. Sponsor: Rep Sinema, Kyrsten [AZ-9] (introduced 1/20/2015)
- H.R.473: VA Accountability to Veterans Act of 2015. A bill to amend title 38, United States Code, to improve the accountability of employees of the Department of Veterans Affairs, and for other purposes. Sponsor: Rep Miller, Jeff [FL-1] (introduced 1/22/2015)
- H.R.474: Homeless Veterans Reintegration Programs. A bill to amend title 38, United States Code, to provide for a five-year extension to the homeless veterans reintegration programs and to provide clarification regarding eligibility for services under such programs. Sponsor: Rep Wenstrup, Brad R. [OH-2] (introduced 1/22/2015)
- H.R.475: VA Educational Assistance Improvement. A bill to amend title 38, United States Code, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to educational assistance, and for other purposes. Sponsor: Rep Wenstrup, Brad R. [OH-2] (introduced 1/22/2015)
- H.R.476: VA Education Course Approval. A bill to amend title 38, United States Code, to clarify the process of approving courses of education pursued using educational benefits administered by the Secretary of Veterans Affairs, and for other purposes. Sponsor: Rep Wenstrup, Brad R. [OH-2] (introduced 1/22/2015)
- H.R.483: WWII Filipino Children VISA Numerical Limitation Exemption. A bill to exempt children of certain Filipino World War II veterans from the numerical limitations on immigrant visas and for other purposes. Sponsor: Rep Takai, Mark [HI-1] (introduced 1/22/2015)
- H.R.498: VA Vet Center DPRIR & DIR Access. A bill to direct the Secretary of Veterans Affairs and the Secretary of Defense to jointly ensure that the Vet Centers of the Department of Veterans Affairs have access to the Defense Personnel Record Image Retrieval system and the Veterans Affairs/Department of Defense Identity Repository system. Sponsor: Rep Denham, Jeff [CA-10] (introduced 1/22/2015)
- H.R.502: Increasing VA Accountability to Veterans Act of 2015. A bill to establish a pilot program to improve the management and accountability within the Veterans Health Administration of the Department of Veterans Affairs, to provide oversight of the Veterans Health Administration, and for other purposes. Sponsor: Rep Kilmer, Derek [WA-6] (introduced 1/22/2015)
- H.R.517: VA Claim Appeal Backlog Task Force. To establish a task force to evaluate the backlog of appeals to claims submitted to the Secretary of Veterans Affairs. Sponsor: Rep Titus, Dina [NV-1] (introduced 1/22/2015)
- H.R.535: WWII Filipino Vet Congressional Gold Medal. A bill to award a Congressional gold medal, collectively, to the Filipino Veterans of World War II, in recognition of their dedicated service during World War II. Sponsor: Rep Vargas, Juan [CA-51] (introduced 1/26/2015).
- H.R.563: VA Merchant Mariner Equity Compensation Fund. A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish the Merchant

Mariner Equity Compensation Fund to provide benefits to certain individuals who served in the United States merchant marine (including the Army Transport Service and the Naval Transport Service) during World War II. Sponsor: Rep Hahn, Janice [CA-44] (introduced 1/27/2015)

- H.R.571: VA Whistleblower Treatment. A bill to amend title 38, United States Code, to improve the treatment of whistleblower complaints by the Secretary of Veterans Affairs, and for other purposes. Sponsor: Rep Miller, Jeff [FL-1] (introduced 1/27/2015)
- H.R.572: VA Non-Department Vet Care. A bill to require the Secretary of Veterans Affairs to use existing authorities to furnish health care at non-Department of Veterans Affairs facilities to veterans who live more than 40 miles driving distance from the closest medical facility of the Department that furnishes the care sought by the veteran, and for other purposes. Sponsor: Rep Mullin, Markwayne [OK-2] (introduced 1/27/2015)
- H.R.577: VA Non-Department Vet Care. A bill to require the Secretary of Veterans Affairs to use existing authorities to furnish health care at non-Department of Veterans Affairs facilities to veterans who live more than 40 miles driving distance from the closest medical facility of the Department that furnishes the care sought by the veteran. Sponsor: Rep Zinke, Ryan K. [MT] (introduced 1/27/2015)
- H.R.593: VAMC Aurora CO Construction Authorization. A bill to extend the authorization for the construction of the Department of Veterans Affairs Medical Center in Aurora, Colorado, and to direct the Secretary of Veterans Affairs to enter into an agreement with the Army Corps of Engineers to manage such construction. Sponsor: Rep Coffman, Mike [CO-6] (introduced 1/28/2015)
- H.R.607: VOW to Hire Heroes Act of 2011 Extension. A bill to amend the VOW to Hire Heroes Act of 2011 to extend the Veterans Retraining Assistance Program, and for other purposes. Sponsor: Rep Brownley, Julia [CA-26] (introduced 1/28/2015)
- H.R.621: SECVA Grant Authority. To authorize the Secretary of Veterans Affairs to make grants with minority serving institutions for the purpose of establishing verified delivery systems to address social and academic problems facing veterans enrolled at such institutions, and for other purposes. Sponsor: Rep Vargas, Juan [CA-51] (introduced 1/28/2015)
- S.41: Veterans Travel Tax Relief Act of 2015. A bill to amend the Internal Revenue Code of 1986 to provide for a deduction for travel expenses to medical centers of the Department of Veterans Affairs in connection with examinations or treatments relating to service-connected disabilities. Sponsor: Sen Heller, Dean [NV] (introduced 1/7/2015)
- S.119: Wounded Veterans Recreation Act of 2015. A bill to amend the Federal Lands Recreation Enhancement Act to provide for a lifetime National Recreational Pass for any veteran with a service-connected disability. Sponsor: Sen Shaheen, Jeanne [NH] (introduced 1/8/2015)
- S.136: Gold Star Fathers Act of 2015. A bill to amend chapter 21 of title 5, United States Code, to provide that fathers of certain permanently disabled or deceased veterans shall be included with mothers of such veterans as preference eligible for treatment in the civil service. Sponsor: Sen Wyden, Ron [OR] (introduced 1/8/2015)

- S.151: Filipino Veterans Promise Act. A bill to require the Secretary of Defense to establish a process to determine whether individuals claiming certain service in the Philippines during World War II are eligible for certain benefits despite not being on the Missouri List, and for other purposes. Sponsor: Sen Heller, Dean [NV] (introduced 1/13/2015)
- S.167: Clay Hunt SAV Act. A bill to require the Secretary of Defense to establish a process to determine whether individuals claiming certain service in the Philippines during World War II are eligible for certain benefits despite not being on the Missouri List, and for other purposes. Sponsor: Sen McCain, John [AZ] (introduced 1/13/2015)
- S.171: VA Beneficiary Travel Program. A bill to amend title 38, United States Code, to provide for coverage under the beneficiary travel program of the Department of Veterans Affairs of certain disabled veterans for travel in connection with certain special disabilities rehabilitation, and for other purposes. Sponsor: Sen Tester, Jon [MT] (introduced 1/13/2015)
- S.172: Vet Immunizations. A bill to amend title 38, United States Code, to provide for certain requirements relating to the immunization of veterans, and for other purposes. Sponsor: Sen Tester, Jon [MT] (introduced 1/13/2015)
- S.207: VA Care for 40 Miles Plus Vets. A bill to require the Secretary of Veterans Affairs to use existing authorities to furnish health care at non-Department of Veterans Affairs facilities to veterans who live more than 40 miles driving distance from the closest medical facility of the Department that furnishes the care sought by the veteran, and for other purposes. Sponsor: Sen Moran, Jerry [KS] (introduced 1/21/2015)
- S.218: Vet Emergency Medical Services Training. A bill to facilitate emergency medical services personnel training and certification curriculums for veterans. Sponsor: Sen Enzi, Michael B. [WY] (introduced 1/21/2015)
- S.223: Homeless Vet VA Pilot Program. A bill to require the Secretary of Veterans Affairs to establish a pilot program on awarding grants for provision of furniture, household items, and other assistance to homeless veterans to facilitate their transition into permanent housing, and for other purposes. Sponsor: Sen Boxer, Barbara [CA] (introduced 1/21/2015)
- S.241: Vet Widow Temporary Compensation. A bill to amend title 38, United States Code, to provide for the payment of temporary compensation to a surviving spouse of a veteran upon the death of the veteran, and for other purposes. Sponsor: Sen Tester, Jon [MT] (introduced 1/22/2015)
- S.242: Federal Employee Disabled Vet Leave Policy. A bill to amend title 5, United States Code, to provide leave to any new Federal employee who is a veteran with a service-connected disability rated at 30 percent or more for purposes of undergoing medical treatment for such disability, and for other purposes. Sponsor: Sen Tester, Jon [MT] (introduced 1/22/2015)
- S.244: Review of VA TBI Assessment Process. A bill to require an independent comprehensive review of the process by which the Department of Veterans Affairs assesses cognitive impairments that result from traumatic brain injury for purposes of

awarding disability compensation, and for other purposes. Sponsor: Sen Tester, Jon [MT] (introduced 1/22/2015)

- S.271: Retired Pay Restoration Act of 2015. A bill to amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation, and for other purposes. Sponsor: Sen Reid, Harry [NV] (introduced 1/27/2015)
- S.285: VAMC Aurora CO Construction authorization. A bill to authorize the construction of a replacement medical center of the Department of Veterans Affairs in Aurora, Colorado, and to direct the Secretary of Veterans Affairs to enter into an agreement with the Chief of Engineers to act as the construction agent with respect to such construction, and for other purposes. Sponsor: Sen Gardner, Cory [CO] (introduced 1/28/2015) Related bills: H.R.593
- S.290: VA Employee Accountability. A bill to amend title 38, United States Code, to improve the accountability of employees of the Department of Veterans Affairs, and for other purposes. Sponsor: Sen Moran, Jerry [KS] (introduced 1/28/2015)
- S.297: VA Intermediate Care Technician Pilot Program. A bill to revive and expand the Intermediate Care Technician Pilot Program of the Department of Veterans Affairs, and for other purposes. Sponsor: Sen Kirk, Mark Steven [IL] (introduced 1/28/2015)

[Source: <https://beta.congress.gov> & <http://www.govtrack.us/congress/bills> Jan. 30, 2015 ++]

Land-Use Agreements: Improved Data Reliability and Monitoring Needed for Department of Veterans Affairs

What GAO Found

According to the Department of Veterans Affairs' (VA) Capital Asset Inventory system—the system VA utilizes to record land-use agreements and revenues—VA had hundreds of land-use agreements with tens of millions of dollars in estimated revenues for fiscal year 2012, but GAO's review raised questions about the reliability of those data. For example, one land-use agreement was recorded 37 times, once for each building listed in the agreement, 13 agreements terminated before fiscal year 2012 had not been removed from the system, and more than \$240,000 in revenue from one medical center had not been recorded. VA relies on local medical center staff to enter data timely and accurately, but lacks a mechanism for independently verifying the data. Implementing such a mechanism and working with medical centers to make corrections as needed would better position VA to reliably account for its land-use agreements and the associated revenues they generate.

GAO found weaknesses in the billing and collection processes for land-use agreements at three selected VA medical centers due primarily to ineffective monitoring. For example, VA incorrectly billed its sharing partners for 14 of 34 agreements at the three centers, which resulted in VA not billing \$300,000 of the nearly \$5.3 million owed. In addition, at the New York

center, VA had not billed a sharing partner for several years' rent that totaled over \$1 million. VA began collections after discovering the error; over \$200,000 was outstanding as of April 2014. VA stated that it did not perform systematic reviews of the billing and collection practices at the three centers and had not established mechanisms to do so. VA officials at the New York and North Chicago centers stated that information is also not timely shared on the status of agreements with offices that perform billing due to lack of collaboration. Until VA addresses these issues, VA lacks assurance that it is collecting the revenues owed by its sharing partners. VA did not effectively monitor many of its land-use agreements at two of the centers. GAO found problems with unenforced agreement terms, expired agreements, and instances where land-use agreements did not exist. Examples include the following:

- In West Los Angeles, VA waived the revenues in an agreement with a nonprofit organization—\$250,000 in fiscal year 2012 alone—due to financial hardship. However, VA policy does not allow revenues to be waived.
- In New York, one sharing partner—a local School of Medicine—with seven expired agreements remained on the property and occupied the premises without written authorization during fiscal year 2012.
- The City of Los Angeles has used 12 acres of VA land for recreational use since the 1980s without a signed agreement or payments to VA. An official said that VA cannot negotiate agreements due to an ongoing lawsuit brought on behalf of homeless veterans about its land-use agreement authority.

VA does not perform systematic reviews and has not established mechanisms to do so, thus hindering its ability to effectively monitor its agreements and use of its properties.

Why GAO Did This Study

VA manages one of the nation's largest federal property portfolios. To manage these properties, VA uses land-use authorities that allow VA to enter into various types of agreements for the use of its property in exchange for revenues or in-kind considerations. GAO was asked to examine VA's use of land-use agreements.

This report addresses the extent to which VA (1) maintains reliable data on land-use agreements and the revenue they generate, (2) monitors the billing and collection processes at selected VA medical centers, and (3) monitors land-use agreements at selected VA medical centers. GAO analyzed data from VA's database on its land-use agreements for fiscal year 2012, reviewed agency documentation, and interviewed VA officials. GAO also visited three medical centers to review the monitoring of land-use agreements and the collection and billing of the associated revenues. GAO selected medical centers with the largest number of agreements or highest amount of estimated revenue. The site visit results cannot be generalized to all VA facilities.

What GAO Recommends

GAO is making six recommendations to VA including recommendations to improve the quality of its data, foster collaboration between key offices, and enhance monitoring. VA concurred with the recommendations.